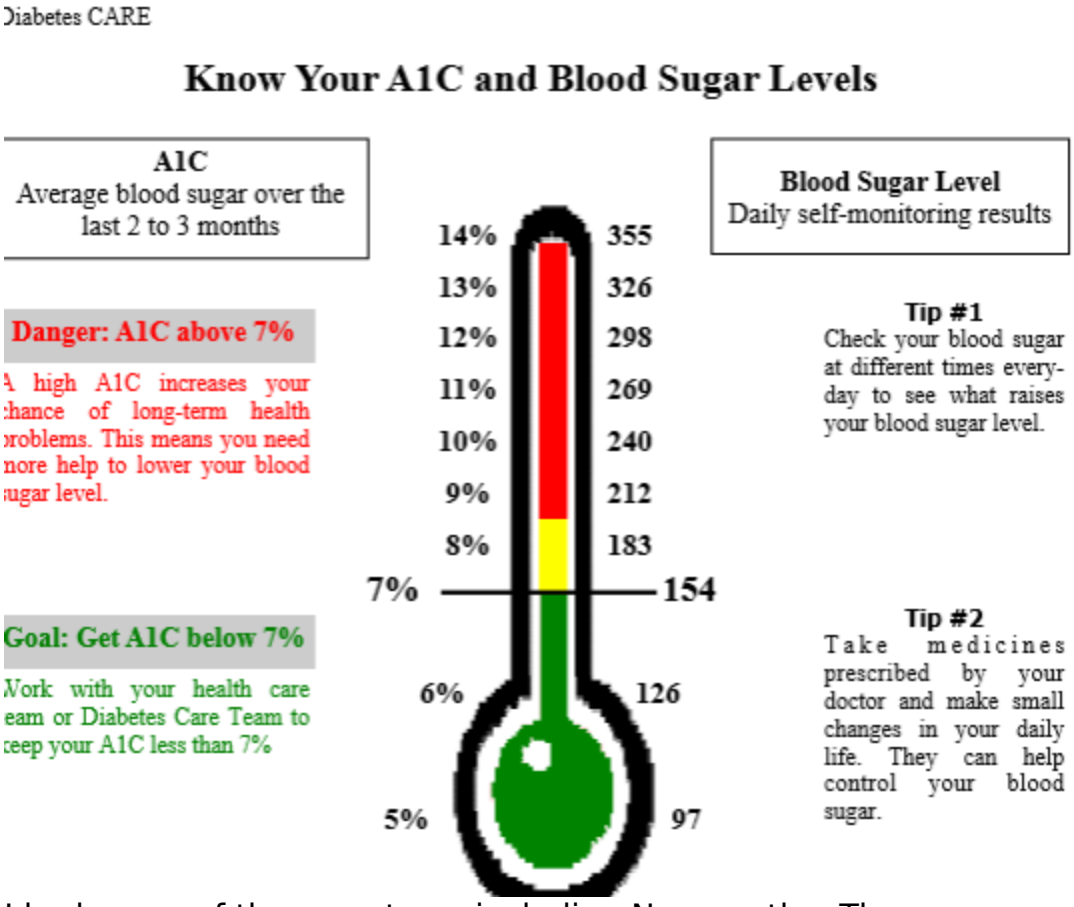
MEDICAL FOUNDATIONS FOR DIABETES RELATED SPENDING

Sports fitness, weight loss, dietary changes, and working out, or core to the treatment of Type II Diabetes and have been prescribed by my medical doctors.

Even on the scale depicted below, which is compressed so 13.3 will still fit on the scale, an A1c of 13.3, what I had should look scary. It is. That is a very high indication of what blood sugar levels have been like, way above the reading of 5 or so a erson should have.


Diabetes CARE
Know Your A1C and Blood Sugar Levels
A1C
Average blood sugar over the last 2 to 3 months
Blood Sugar Level
Daily self-monitoring results
Danger: A1C above 7%
A high A1C increases your chance of long-term health problems. This means you need more help to lower your blood sugar level.
Goal: Get A1C below 7%
Work with your health care team or Diabetes Care Team to keep your A1C less than 7%
14% 355
13% 326
12% 298
11% 269
10% 240
9% 212
8% 183
7% 154
6% 126
5% 97
Tip #1
Check your blood sugar at different times every-day to see what raises your blood sugar level.
Tip #2
Take medicines prescribed by your doctor and make small changes in your daily life. They can help control your blood sugar.

I had many of the symptoms including Neuropathy. There were many indications of it but one was for the first time having to use Liquid Skin on my toes to keep the moisture in because dying nerves meant my body was no longer able to regulate extremities.

“Neuropathy

Although it can hurt, diabetic nerve damage can also lessen your ability to feel pain, heat, and cold. Loss of feeling often means you may not feel a foot injury. You could have a tack or stone in your shoe and walk on it all day without knowing. You could get a

blister and not feel it. You might not notice a foot injury until the skin breaks down and becomes infected.

Nerve damage can also lead to changes in the shape of your feet and toes. Ask your health care provider about special therapeutic shoes, rather than forcing deformed feet and toes into regular shoes.

Skin Changes

Diabetes can cause changes in the skin of your foot. At times your foot may become very dry. The skin may peel and crack. The problem is that the nerves that control the oil and moisture in your foot no longer work.

In fact I have had both the Central Nervous System Neuropathy (including problems with heartbeat aka autonomic neuropathy) as well as Peripheral Neuropathy, both described here.
http://youtu.be/72sL_WEQedU?t=35s

Below is the August 19 lab report indicating I had an A1c of 13.3 putting me at immediate risk for death from heart attack, stroke, and other medical complications, and diabetic levels like these lead to limb aputations from gangrene and other serious medical complications of slow wound healing, of the type I have been experiencing.

Nothing so serious as this, but I did have the slow wound healing and bacterial infections that turn into this.

I had Dermopathy, diabetic related death of human skin as well.
Here are the lab results, the first formal A1c test to come back, but based on symptoms and blood sugar readings, Diabetes was revealed about a month before this.

SOLSTAS LAB PARTNERS

4380 Federal Drive Suite 100
Greensboro, NC 27410
1-888-664-7601

Arlington Internal Medicine P.C.
[440730]
1625 North George Mason Dr, Suite #434
Arlington, VA 22205

PATIENT NAME	OFFICE ID	LAB MRN	PHONE	DOB	AGE	SEX
DONEGAN , EDWARD	16487		(703)862-6335	11/18/1961	51 Yrs	M

PATIENT ADDRESS

Baselga

REQUISITION #	BILLING ACCOUNT #	ORDER #	COLLECTED DATE	RECEIVED DATE	ORDERING MD
N322864527		0000011243	8/16/2013 3:29 PM	8/17/2013 12:47 AM	~~BOLAND, BRIAN~~

RECEIVED
AUG 19 2013

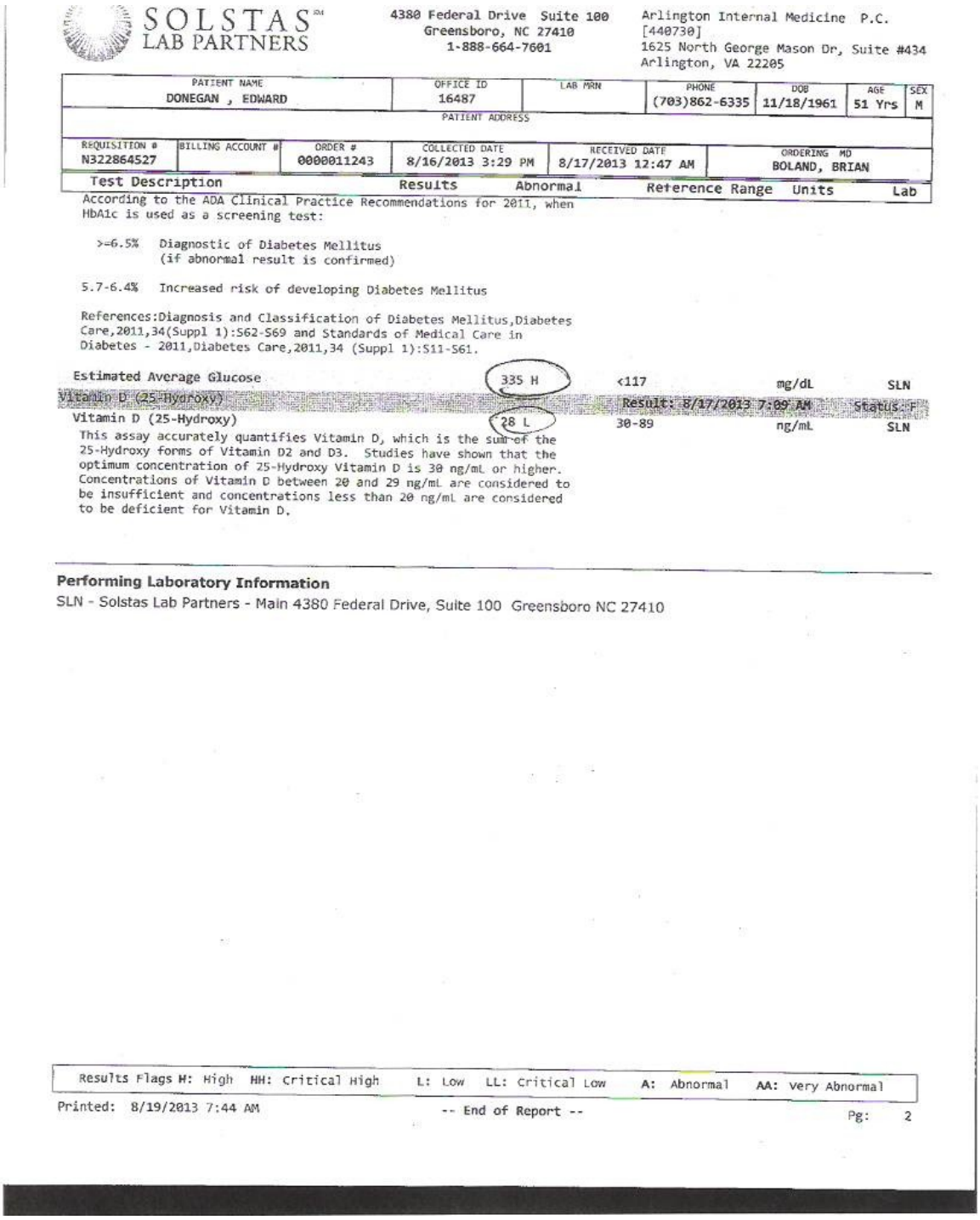
Test Description	Results	Abnormal	Reference Range	Units	Lab
CBC with Diff			Result: 8/17/2013 1:27 AM		Status: F
WBC	6.2		4.0-10.5	K/uL	SLN
RBC	4.51		4.22-5.81	MIL/uL	SLN
Hemoglobin	14.8		13.0-17.0	g/dL	SLN
Hematocrit	42.2		39.0-52.0	%	SLN
MCV	93.6		78.0-100.0	fL	SLN
MCH	32.8		26.0-34.0	pg	SLN
MCHC	35.1		30.0-36.0	g/dL	SLN
RDW	14.2		11.5-15.5	%	SLN
Platelet Count	202		150-400	K/uL	SLN
Granulocyte %	56		43-77	%	SLN
Absolute Gran	3.5		1.7-7.7	K/uL	SLN
Lymph %	34		12-46	%	SLN
Absolute Lymph	2.1		0.7-4.0	K/uL	SLN
Mono %	7		3-12	%	SLN
Absolute Mono	0.4		0.1-1.0	K/uL	SLN
Eos %	2		0-5	%	SLN
Absolute Eos	0.1		0.0-0.7	K/uL	SLN
Baso %	1		0-1	%	SLN
Absolute Baso	0.1		0.0-0.1	K/uL	SLN
Smear Review	Criteria for review not met				SLN
Comprehensive Metabolic Panel			Result: 8/17/2013 3:08 AM		Status: F
Sodium		134 L	135-145	mEq/L	**SLN**
Potassium	3.9		3.5-5.3	mEq/L	SLN
Chloride	97		96-112	mEq/L	SLN
CO2	25		19-32	mEq/L	SLN
Glucose		319 H	70-99	mg/dL	**SLN**
BUN	13		6-23	mg/dL	SLN
Creatinine	1.15		0.50-1.35	mg/dL	SLN
Bilirubin, Total	0.8		0.3-1.2	mg/dL	SLN
Alkaline Phosphatase	60		39-117	U/L	SLN
AST/SGOT		41 H	0-37	U/L	SLN
ALT/SGPT		61 H	0-53	U/L	SLN
Total Protein	7.4		6.0-8.3	g/dL	SLN
Albumin	4.8		3.5-5.2	g/dL	SLN
Calcium	9.8		8.4-10.5	mg/dL	SLN
TSH			Result: 8/17/2013 3:40 AM		Status: F
TSH	1.227		0.350-4.500	uIU/mL	SLN
Hemoglobin A1C			Result: 8/17/2013 4:31 AM		Status: F
Hemoglobin A1C		13.3 H	<5.7	%	SLN

Results Flags H: High HH: Critical High L: Low LL: Critical Low A: Abnormal AA: Very Abnormal

Printed: 8/19/2013 7:44 AM

Continued on Next Page

Dm. Pt coming in



SOLSTAS LAB PARTNERS

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Greensboro, NC 27410
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Arlington Internal Medicine P.C.
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PATIENT NAME	OFFICE ID	LAB MRN	PHONE	DOB	AGE	SEX
DONEGAN , EDWARD	16487		(703)862-6335	11/18/1961	51 Yrs	M

PATIENT ADDRESS

REQUISITION #	BILLING ACCOUNT #	ORDER #	COLLECTED DATE	RECEIVED DATE	ORDERING MD
N322864527		0000011243	8/16/2013 3:29 PM	8/17/2013 12:47 AM	BOLAND, BRIAN

Test Description	Results	Abnormal	Reference Range	Units	Lab
According to the ADA Clinical Practice Recommendations for 2011, when HbA1c is used as a screening test:					
>=6.5% Diagnostic of Diabetes Mellitus (if abnormal result is confirmed)					
5.7-6.4% Increased risk of developing Diabetes Mellitus					
References:Diagnosis and Classification of Diabetes Mellitus,Diabetes Care,2011,34(Suppl 1):S62-S69 and Standards of Medical Care in Diabetes - 2011,Diabetes Care,2011,34 (Suppl 1):S11-S61.					
Estimated Average Glucose	335 H		<117	mg/dL	SLN
Vitamin D (25-Hydroxy)	Result: 8/17/2013 7:09 AM				Status: F
Vitamin D (25-Hydroxy)	28 L		30-89	ng/mL	SLN
This assay accurately quantifies Vitamin D, which is the sum of the 25-Hydroxy forms of Vitamin D2 and D3. Studies have shown that the optimum concentration of 25-Hydroxy Vitamin D is 30 ng/mL or higher. Concentrations of Vitamin D between 20 and 29 ng/mL are considered to be insufficient and concentrations less than 20 ng/mL are considered to be deficient for Vitamin D.					

Performing Laboratory Information
SLN - Solstas Lab Partners - Main 4380 Federal Drive, Suite 100 Greensboro NC 27410

Results Flags H: High HH: Critical High L: Low LL: Critical Low A: Abnormal AA: Very Abnormal

Printed: 8/19/2013 7:44 AM -- End of Report -- Pg: 2

I have many more medical documents in my files, but the very few salient ones sufficient to make the point are included here.

Within a month of instituing changes, working out, dietary changes, other lifestyle adjustments, my A1c was half of what it was, down to 7.6. Now it is just very slightly below normal. Here is an interim report I was given.

Jennifer T. Neria MD
Arlington Internal Medicine, P.C.
1625 N. George Mason Dr., Suite 434
Arlington, VA 22205-3684
(703) 522-1860

Care Summary for Edward Donegan

(as of 09/30/2013)

Dear Edward Donegan:

Here is a summary of your recent visit. If you have any questions, please feel free to call our office.

Thank you for choosing us as your primary care physicians.

Sincerely,
Jennifer T. Neria MD

CURRENT MEDICATIONS:

- Aspirin 81 MG TBEC, once a day, 30 days, 11 refills, (OVER-THE-COUNTER)
- Lisinopril 2.5 MG TABS, once a day, 30 days, 5 refills
- MetFORMIN HCl 500 MG TABS, , 30 days, 5 refills, 1 tablet PO BID x 1 week, then increase to 2 tablets PO BID

ALLERGIES:

- No Known Allergies

VITALS:

- Vitals taken 09/30/2013 10:03 am

BP-Sitting	130/80 mmHg	100 - 120/60 - 80
Pulse Rate-Sitting	76 bpm	50 - 100
Height	72 in	64 - 74
Weight	222 lbs	125 - 225
Body Mass Index	30.1 kg/m2	
Body Surface Area	2.23 m2	

ASSESSMENT:

- Hypertension
- Elevated liver enzymes
- Type 2 diabetes mellitus

COUNSELING/EDUCATION:

- Recommended Weight loss
- Recommended regular exercise - moderate intensity cardiovascular/aerobic exercise for at least 30 minutes, 4-5 times/week
- Encouragement for oral fluids - About 8-10 cups (8 oz = cup) of non-alcoholic/non-caffeinated fluids daily, unless otherwise discussed
- Education and instructions

• Maintain a healthy diet
• Patient education about diabetes home blood glucose monitoring, bring log to each appt; diabetic diet; micro- and macrovascular complications; annual diabetic eye exam; regular self-foot exams/good foot care; regular cardiovascular exercise; good oral hydration (unless otherwise discussed)
• Patient will reduce intake of dietary saturated fat and cholesterol

PLAN:

- **DIABETES MELLITUS TYPE 2**
  Office Lab/General Labs: Glycohemoglobin (A1C), CMP, Lipid Profile
  Office Lab: Urine Microalbumin
  Lab: Comp. Metabolic Panel (14)
  Bayer Contour Next Test STRP, take as directed, 30 days, 11 refills
  Lancets MISC, take as directed, 30 days, 11 refills

- **OTHER**
  Lab: Hemoglobin A1c
  Lab: Lipid Panel

• Laboratory studies - Fasting labs were done today
• Return to the clinic if condition worsens or new symptoms arise
• Go to the emergency room if condition worsens
• Patient appeared to understand counseling and agreed w/plan. All questions were answered
• Continue current treatment plan

ophtho UTD - 9/2013
monofilament today - normal
urine microalb:cr ratio today - normal

next plan re: lipids/statin

RTO fasting followup appt in 3 months

will consider statin at that visit after getting baseline lipid profile

EKG at next visit

• Clinical summary provided to patient.

ADDENDUM:
• Patient notification of lab results - hard copy of results with recommendations were mailed to patient:
cholesterol looks great. diabetes (hba1c) is much better-- now 7.6% instead of 13.3%! great work.
liver enzymes are a little worse than before. we'll recheck this at your next f/u appt, but in the meantime, avoid acetaminophen (tylenol) containing products and limit or avoid alcohol.
rest of your labs are within normal.
continue your current medications

I have had the three month follow up since, including an A1c measured at 4.7, a good EKG, and continued weight loss and normal (rather than the previously hypertensive) blood pressure.

LabCorp
Laboratory Corporation of America

LabCorp Burlington
1447 York Court
Burlington, NC 27215-3361
Phone: 800-762-4344

Patient Name					Specimen Number		
DONEGAN, EDWARD					357-789-1457-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y, M, D)	Date of Birth
45513015	16487	10671204	12/23/13 00:00	12/24/13	M	52/01/05	11/18/61

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB

result, the CDC recommends that all s/co ratios between 1.0 and 10.9 be confirmed by a more specific supplemental or PCR testing. LabCorp offers HCV Ab w/Reflex to Verification test #144065.

Hemoglobin A1c 4.7 Low % 4.8 - 5.6 01

Increased risk for diabetes: 5.7 - 6.4
Diabetes: >6.4
Glycemic control for adults with diabetes: <7.0

Hep B Surface Ab
Hep B Surface Ab, Qual Non Reactive 01

Non Reactive: Inconsistent with immunity, less than 10 mIU/mL
Reactive: Consistent with immunity, greater than 9.9 mIU/mL

received Hep B vaccine

Vitamin D, 25-Hydroxy 34.9 ng/mL 30.0 - 100.0 01

Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

HBsAg Screen	Negative	Negative	01
Hep A Ab, IgM	Negative	Negative	01
Hep A Ab, Total	Negative	Negative	01

01 BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361 Dir: William F Hancock, MD
For inquiries, the physician may contact Branch: 800-859-0391 Lab: 800-762-4344

DONEGAN, EDWARD	16487	357-789-1457-0	Seq # 6256

12/24/13 11:41 ET FINAL REPORT Page 2 of 2

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DOC1 Ver: 1.49

So this is the medical foundations for my fitness and dietary regime, and my spending which is conformance with it will be documented soon. In fact I have provided some receipts for some of that spending already, but only a small amount of the total necessary spending.